

Current Status of Local Pandemic Planning as of March 10, 2006

Lincoln-Lancaster County Health Dept.

This is meant as a general summary of planning activities to this point in time rather than a detailed list of contacts, meetings and planning activities. As an actual plan is written it will be presented and available on the website.

INTRODUCTION

The Lincoln-Lancaster County Health Department began planning for pandemic flu over a year ago as it became apparent that the current avian flu virus was affecting more humans, and it was spreading to bird populations in more countries, increasing the possibility for the virus to mutate and create a new human flu virus. This was also the time when the World Health Organization (WHO), Centers for Disease Control and Prevention (CDC), U.S. Department of Health and Human Services (DHHS), and Nebraska Department of Health and Human Services (NHHS) were all taking action due to the continuing spread of avian flu. (Information about these agencies and their pandemic flu planning can be found on their websites and we have hyperlinks to them on our website.) As plans were developed by the federal agencies and as Congress acted on appropriations it became very clear early on that the international and federal efforts were focused mostly on surveillance (early detection of a novel flu virus), attempts to contain the first probable cases of human flu resulting from a mutation or a genetic shift in an avian flu that creates a pandemic flu, funding for and development of a vaccine for the new flu virus, and stockpiling antiviral medications (such as Tamiflu© and Relenza©) that might slow the spread or lessen the effects on individuals who contract the pandemic flu virus. NHHS' focus is primarily on enhanced state and local surveillance, and priority setting for dispensing antiviral medications and any vaccine that might be distributed to the State. Therefore, actual response to a pandemic is left to the local public health agencies, the local medical community and other community responders!

WHAT TO EXPECT

The Health Department's planning assumptions include the following:

- There will be no (or very little) vaccine to dispense early on; in fact, vaccine may not be available for mass clinics for at least six, and probably nine to twelve months.
- There could be attack rates (percent of the population infected) of 25 %, and perhaps up to 35 percent. If the upper range is reached, local medical services will be taxed beyond their capacity, and many public and private agencies and local businesses might have to operate with only half their normal staff.
- Quarantine and isolation might be utilized if an index case (the first person with symptoms verified to have the disease), perhaps a traveler, is identified early; but once the numbers of cases increase, the strategy may become one of voluntary isolation and social distancing, as well as temporary closures of schools, businesses and social events.
- Everyone needs to be prepared for disruptions in their normal daily patterns, and the disruptions could be for a year or longer as past history tells us that pandemics usually occur in several waves with a total duration of a year.

- A number of agencies, the University of Nebraska, and the local medical community in addition to LLCHD already have emergency response plans for natural and man-made disasters. Likewise, many businesses have continuing operations plans. Adding or developing a pandemic flu module to current plan should be somewhat easy due to present preparation and planning and some parts of current plans (mass clinic and mass casualty) just need to be modified.
- The best way for community responders is to use an incident command structure (ICS) that is already practiced in our other response plans (HazMat, MMRS, LEOP) for natural (tornados, blizzards, infectious diseases) and manmade (bioterrorism, environmental accidents) events and disasters.
- The bottom line is that those of us in Lincoln and Lancaster County that respond to infectious diseases and emergencies cannot count on a great deal of outside help or resources in response to a pandemic flu—we must prepare a plan that draws on local resources and relationships in the event a pandemic arises.

PROGRESS TO DATE:

Given the above assumptions our strategic efforts have been focused on several fronts:

1. Start by scheduling meetings with those members of City and County government agencies as well as members of the medical and health provider community who constitute the critical infrastructure of services needed in the event of pandemic.
 - The early meetings were held to inform them of the potential disruption a pandemic flu might have on them and the community, and to charge them with sharing or developing plans to maintain power and water, emergency medical services, police and fire protection, medical and hospital services. Later meetings have been held to discuss gaps in planning and to add refinements. To date we have met with the Director of Emergency Operations for the County, the City Water System, Lincoln Electric System, Omaha Public Power District (which supplies power to the Lincoln Water System's Ashland well fields), Lincoln Police, Lincoln Fire and Rescue, the County Sheriff's Department, the Lancaster County Medical Society, infection control staff from the local hospitals, and LLCHD staff who work in emergency response. These meetings are continuing.
2. Gradually broaden the community planning efforts to bring more essential partners on board in the planning efforts.
 - Another crucial community need in the event that a pandemic might occur is for people to have food, communication and social interaction. Meetings have included a representative of the grocery association and the Red Cross, and meetings with the Lincoln Independent Business Association, the Lincoln Chamber of Commerce are scheduled. Future meetings with community human service organizations, members of the faith community, small business owners and WorkWell companies are also planned.

- Local businesses will be asked to review their business continuity plans in the face of staff shortages, to review personnel policies on employee absences and to generally think how they will stay open if a pandemic hits Lincoln while still encouraging employees to stay home when they are sick to avoid exposing others to the flu. We will refer them to the Business Pandemic Planning Checklist (<http://www.pandemicflu.gov/plan/businesschecklist.html>) for specific considerations and adapt the checklist to meet local needs.
- 3. Educate the general public sooner rather than later given the publicity about avian flu.
 - A range of unresolved issues surfaced from early meetings and also brought to our attention the need to educate and inform the general public about things that they can do to prepare; from stocking a supply of nonperishable foods, keeping pet food and prescription medications on hand to practicing prevention measures (eating right and exercising, covering coughs and proper hand washing) that might help reduce the spread of flu virus. Sharing the Planning Checklist for Individuals and Families (<http://www.pandemicflu.gov/planguide/checklist.html>) is one way.
 - Community presentations, which may include community access television (Channels 5 and 21) and community forums, are also being discussed and planned. We also plan to broaden our public education efforts to offer presentations to companies or groups that request them. Public education material will be developed and shared in the future. We've also created a webpage on the City's InterLinc website (www.lincoln.ne.gov) where individuals can type the word "flu" into the Search box to get to the webpage.
- 4. Educate and inform community responders.
 - There's a special need to educate our public health workforce and other responders about what a pandemic is and how it is different than seasonal flu. We've already offered a PowerPoint presentation from the Center for Biopreparedness Education (<http://bioprep.org/avian-flu-classes.htm>) to LLCHD staff and will be continuing to present factual education to other first responders in the community.
- 5. Review ways to promote social distancing and be sure to have the authority and procedures in place to order isolation and quarantine, close schools and events and other temporary shutdowns.
 - In order to have the ability to use quarantine and isolation to slow the spread of a pandemic flu, we have drafted a new quarantine and isolation ordinance as the current ordinance is inadequate. It will go through the normal review process and be improved along the way.
 - As the policies move through the adoption process discussions with the Board of Health, Mayor's Office, City Council and

- County Board are planned, both on quarantine and isolation, and on criteria for determining when to impose temporary cancellations of events or closure of facilities.
- An initial meeting was held with staff from the Lincoln Public Schools to review policies and procedures and actions of mutual benefit. More joint meetings are planned as well as ongoing communication about policies, procedures and how volunteer school nurses might play a role in community response.
6. Maintain current community surveillance of influenza-like illness (ILI), but enhance it if WHO moves from Pandemic Alert Phase 4 to 5, (http://www.who.int/csr/resources/publications/influenza/GIP_2005_5Eweb.pdf) or additional funding or requirements from NHHS or the CDC.
- School surveillance remains one of our key ways to monitor flu activity in the community along with lab reporting and physician contacts.
 - From past history, we know that pandemics may strike outside of the normal flu season (October to March) so year-long monitoring might be a possible enhancement.
 - There's a potential role that local businesses can play in surveillance by sharing information about the number of employees who are absent due to flu or to care for a sick child or relative.
7. Develop and exercise the initial pandemic flu plan.
- We utilized the State and Local Pandemic Influenza Planning Checklist (<http://www.pandemicflu.gov/plan/pdf/Checklist.pdf>) to initiate some activities, and we will continue to mark progress on the activities on that checklist as well as add others. A number of the items on the checklist still need to be started, while others need to be moved from "in progress" to "complete".
 - It's not just enough to have a plan, as exercises often surface issues that require changes in the plan. It is hoped that a number of tabletop exercises and drills both locally and at least one statewide exercise will help identify gaps and improve the planning and preparation.

There's much more to be done, but we are well underway in our planning efforts. Fortunately, there's no imminent threat as the avian flu strain (H5N1) that's circulating hasn't made the shift to a flu virus easily transmittable from human to human. However, we don't know when such a shift or mutation might occur and it's better to be ready than not. Future updates will focus on recent steps taken rather than the overall planning scheme, but we will also modify links as new information becomes available.

Thursday, March 10, 2006